



Texas Medical Board

MAILING ADDRESS: P.O. BOX 2018 • AUSTIN TX 78768-2018
PHONE: (512) 305-7010

February 19, 2020

VIA CERTIFIED MAIL, RRR
#7019 1120 0000 1602 8101

Jed Alan Graham, MD
4500 E Sam Houston Parkway S., Ste. 101
Pasadena, Texas 77505

RE: File # **18-6831**; Request for Records

Dear Dr. Graham:

The Texas Medical Board (TMB) has received information that has resulted in the initiation of an investigation. The general statutory allegation alleged is:

164.052(a)(5) Unprofessional conduct.

164.053(a)(1) Violation of laws connected with practice

164.053(a)(5) Non-therapeutic Prescribing or Treatment

This investigation is specifically related to nontherapeutic prescribing of large volumes of controlled substances or prescribing in the absence of a valid medical purpose to the following patients: [REDACTED] (DP), [REDACTED] (EH), [REDACTED] (FG), [REDACTED] (JefD), [REDACTED] (JenD), [REDACTED] (JH), [REDACTED] (KJ), [REDACTED] (LH), [REDACTED] (MG), [REDACTED] (MJ), [REDACTED] (PG), [REDACTED] (PH), [REDACTED] (SaP), [REDACTED] (ShP), and [REDACTED] (TQ).. It is further alleged you operated an unregistered pain clinic and pill mill located at 3619 Red Bluff Road, Pasadena, TX 77503 and subsequently at 5003 College Park Dr., Deer Park, Texas 77536.

The following is required at this time:

- 1) Completion of the enclosed Medical Practice Questionnaire
- 2) A narrative explaining the facts surrounding the allegations and regarding your care and treatment of the patients listed above;
- 3) List of all practice sites where you currently provide and/or have provided medical services for the past two (2) years to include the full name of clinic, the complete address for each clinic, telephone numbers, all dates of service and all owner information;

Exhibit B

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- 4) A complete list of all mid-level practitioners to whom you delegated prescriptive authority for the last (2) years to include the full name of the clinic, the complete address for each clinic, telephone numbers of each mid-levels practice site;
- 5) Copy of your prescriptive authority agreement with all midlevel providers you have supervised from March 22, 2017 to current, per Board Rule 193.8;
- 6) Copy of your documentation of supervision of all midlevel's from date supervision began to present to include all notes with patient names kept and/or the recommendations made for the charts you reviewed related to the care provided by the midlevel's;
- 7) A detailed written description of your supervision of midlevel's to include the number of charts that you reviewed per day where patients received a prescription for controlled substance, the number of days per week you were on site, the number of hours per week you were on site, the hours of operation of the clinic, how many patients you examined, whether or not you signed off on any charts and if so, how that would be reflected in the chart;
- 8) Describe other forms of treatment you offer your patient's besides the issuance of a prescription for pain for the majority of your patients;
- 9) A complete and accurate copy of your written pain management protocol and quality assurance procedures;
- 10) Copies of any and all of your business records/contracts/lease agreements/Articles of Incorporation to include but not be limited by: the owner identity, official business/entity name, and all documentation for the proper filings with the office of the Secretary of State and the local county clerk's office.
- 11) Any additional information you would like the Board to consider in this matter.

All requested information and documents are due no later than **February 28, 2020**. Forward all requested information and documents to:

Erin Cleveland – Investigations Program Specialist
Texas Medical Board – MC 263
P.O. Box 2018
Austin, TX 78768
Fax: 888-859-5336

You may contact me at (737) 529-0020 or by e-mail Erin.Cleveland@tmb.state.tx.us, if you have any questions regarding this investigation.

Sincerely,

Exhibit B

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A handwritten signature in cursive script that reads "Erin Cleveland".

Erin Cleveland
Investigations Program Specialist

Enclosure:
Medical Practice Questionnaire